



Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772

Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
 Propane Storage and Handling Regulation

This Level 1 RSMP applies to:

- a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of greater than 5,000 USWG and less than 500 USWG of portable propane storage capacity.

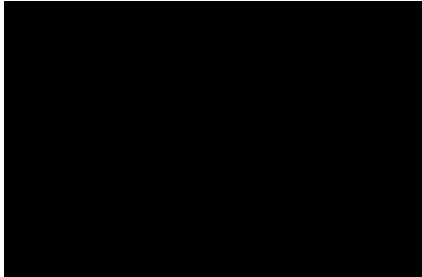
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



SECTION A: GENERAL INFORMATION

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

Company Name Corporation No.

A

Operator Name (if different from above)

Telephone No. Fax No. E-mail

B Street No. Street Name / 911 Number / Address, if applicable

Town / City or Township / County Province Postal Code

Mailing address if different from above.

C Street No. Street Name / 911 Number / Address, if applicable

Town / City or Township / County Province Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No. Street Name / 911 Number / Address, if applicable Nearest Major Intersection

Town / City or Township / County Province Postal Code

Name of Licence Holder

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type

Municipality (or municipalities if the facility or its hazard distance touches multiple borders)

Hours of operation,

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Print name	Signature	Date (dd-mmm-yyyy)
Name of Licence Holder <u>Parkland Industries Ltd.</u>		24-06-2015
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Brian Kitchen</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1985	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A
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Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank1:	250	2818L
Tank2:	_____	_____
Tank3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 1000 Portable: 156 Mobile: _____

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Name of person completing this form (please print) Mike Dietrich	Official Title Manager, Facilities	
Signature 	Telephone No. 905-639-2060	Date (dd-mmm-yyyy) 24-06-2015



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Dowler Karn			For Office Use - Party No.		
Street No. 43841	Street Name / 911 Number / Address, if applicable Talbot Line				
Town / City or Township / Country ST. Thomas			Province Ontario	Postal Code N5P 3S7	
Telephone No. 519-631-3810	Fax No.	Contact Name Ralph Harvey			
E-mail ralphharvey@dowlerkarn.com					

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			For Office Use - Party No.		
Street No.	Street Name / 911 Number / Address, if applicable				
Town / City or Township / Country			Province	Postal Code	
Telephone No.	Fax No.	Contact Name			
E-mail					

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	For Office Use - Party No.		
Street No.	Street Name / 911 Number / Address, if applicable				
Town / City or Township / Country			Province	Postal Code	
Telephone No.	Fax No.	Contact Name			

Note: Customer storage is not considered off-site storage.

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

3 Underground storage tanks, 2 X 35,000 / 1 X 25,000

The underground storage tanks have seal tight below grade caps with either fibreglass or steel grade caps. The pumps have below grade shear valves.

Description of fire and emergency equipment indicated on facility site map.

4 X ABC fire extinguishers

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

Spring loaded door shut off. A steel cable with fusible link attached to the door. In the event of a leak the door can be closed which will close main valve at the bottom of the tank stopping any further release of propane

Maintenance and testing schedule for fire protection controls and devices.

Annual contractors inspection of the propane equipment

Fire extinguishers to be maintained in accordance with the Ontario Fire Code

Site daily sign off

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name Gail Bowman	For Office Use - Party No.	Name Mike Dietrich	For Office Use - Party No.
Official Title Manager		Official Title Manager, Facilities	
Telephone No. 519-586-7840	Fax No.	Cell No. 905-515-2698	Fax No.
E-mail Loc298@stns.pioneer.ca		E-mail miked@pioneer.ca	
Role and responsibilities in emergency Implement evacuation plan and call 911		Role and responsibilities in emergency Respond to incident, notify stakeholder of issue	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Eric Bondy	For Office Use - Party No.	Name Gail Bowman	For Office Use - Party No.
Official Title Area Manager		Official Title Manager	
Telephone No. 519-562-0090	Fax No.	Telephone No. 519-586-7840	Fax No.
E-mail eric.bondy@pioneer.ca		E-mail Loc298@stns.pioneer.ca	
Role and responsibilities in emergency Reactive response to emergency. No immediate response. Area Manager would be notified and then attend site promptly		Role and responsibilities in emergency Implement evacuation plan and call 911	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Terry Dicks	For Office Use - Party No.	Name Ralph Harvey	For Office Use - Party No.
Official Title Fire Chief	E-mail	Official Title Manager	E-mail
Telephone No. 519-426-4115	Fax No.	Telephone No. 519-631-3810	Fax No.
Role and responsibilities in emergency Coordinate/advise on fire service response-liaise with Police		Role and responsibilities in emergency None	
Fire Services Address 95 Culver Street Simcoe, Ontario N3Y 2V5		Propane Supplier Address 43841 Talbot Line St. Thomas	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Rob McCready	For Office Use - Party No.	Name Bev wood	For Office Use - Party No.
Official Title Chief Training Officer	E-mail	Official Title County Clerk	
Telephone No. 519-426-4115	Fax No.	Telephone No. 519-426-5870	Fax No.
Role and responsibilities in emergency Coordinate/advise on fire service response-liaise with Police		E-mail bev.wood@norfolkcounty.ca	
Fire Services Address 95 Culver Street Simcoe, Ontario N3Y 2V5		Municipality Name and Address Norfolk County	

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2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

N/A

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)
3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mmm-yyyy) 01-2015	Print Name of Training Provider: Parkland Industries
	Print Name of Instructor: Mike Dietrich
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mmm-yyyy) 01-2015	Print Name of Training Provider: Retailer - no company
	Print Name of Instructor: Gail Bowman
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mmm-yyyy) 01-2015	Print Name of Training Provider: Parkland Industries
	Print Name of Instructor: Mike Dietrich
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mmm-yyyy) 01-2016	Print Name of Training Provider: Parkland Industries
	Print Name of Instructor: Mike Dietrich
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mmm-yyyy) 01-2016	Print Name of Training Provider: Retailer - no company
	Print Name of Instructor: Gail Bowman
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mmm-yyyy) 01-2016	Print Name of Training Provider: Parkland Industries
	Print Name of Instructor: Mike Dietrich
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete Section B in consultation with the local Fire Services.

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).
Upon discovery of an issue the staff will evacuate the site of all persons and move to the south. When they are in a safe location they will call Pioneer representatives as previously listed

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).
The staff would push the emergency stop button and then call 911 from the store or a cell phone, they will also move all employees and customers to a safe location

Communication with Emergency Response Authorities

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).
In the event of an emergency the site staff would call 911 from the store or a safe location

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
The site has 24 hour clear access for the fire service

Describe how the licence holder will ensure continual flow of updated information to authorities.
The on site employees will communicate with the situation commander when the fire service arrives

How long will it take the facility liaison person to respond to the site.
Approximately 30 minutes

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete Section B in consultation with the local Fire Services.

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	79 m _____	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)	N/A _____	

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete Section B in consultation with the local Fire Services.

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes No

If not, please explain (e.g., no fire services).

Fire services comments, if any:

To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by: _____
 (dd-mmm-yyyy)

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Local Fire Services Name	Print name <i>Scott Pipe</i>	Signature 	Date (dd-mmm-yyyy) <i>10/08/2015</i>
--------------------------	---------------------------------	---------------	---

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SECTION C: SUBMISSIONS

Applicant must include a Facility Site Plan and Map of Surrounding Area

Facility Site Plan.

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

Map of Surrounding Area.

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

Required Mapping Information from Updated Site Plan

Date map prepared (dd-mmm-yyyy)	Capacity of single largest propane storage vessel (USWG)
	1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 35m	Right side property line: 12m
Rear: 11m	Left side property line: 61m
GPS coordinates of single largest vessel: N42°36'48" W80°27'46"	

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Mike Dietrich	Manager, Facilities	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	905-639-2060	24-06-2015



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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

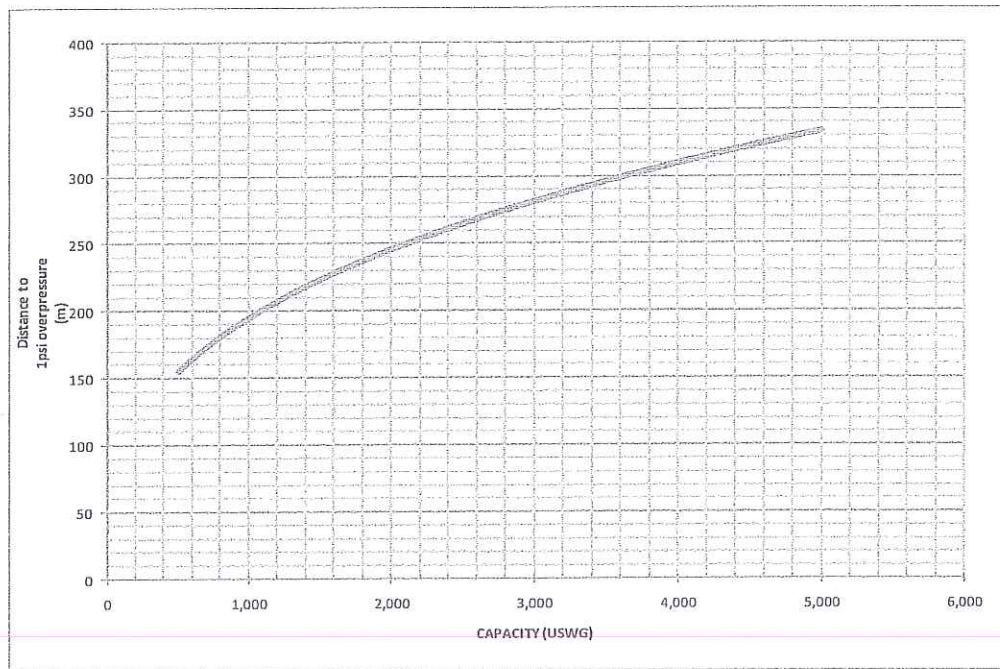
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
 D = Distance to overpressure of 1 psi (meters)
 C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
 Assume all vessels are 80% full
 1 gallon [US, liquid] = 0.003785411784 cubic meter
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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SECTION C: SUBMISSIONS (cont'd)

Applicant must include a Facility Site Plan and Map of Surrounding Area

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>Golf and Country Club</u> Address: <u>RR#3</u> City: <u>Port Rowan</u> Province <u>Ontario</u> Postal Code <u>NOE 1M0</u>		X			<u>23</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: [REDACTED] Address: [REDACTED] City: [REDACTED]			X		<u>25.9</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>The Coop Restaurant</u> Address: <u>1050 Hwy# 59 RR#3</u> City: <u>Port Rowan</u> Province <u>Ontario</u> Postal Code <u>MOE 1M0</u>			X		<u>75.4</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

* For multi-unit buildings, count each unit as "1".

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WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8	2	17
# 20	5.8	24	139
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
Total Tank Capacity		

Total Cylinder Capacity	156
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	156